



BOARD OF REGISTERED NURSING
 P.O. Box 944210, Sacramento, CA, 94244-2100
 P (916) 322-3350 | www.rn.ca.gov
 Ruth Ann Terry, MPH, RN, Executive Officer

NURSE-MIDWIFERY PROGRAM DATA GENERAL INFORMATION

PROGRAM NAME		DATE	
ADDRESS			
PROGRAM DIRECTOR		PHONE: ()	
PERSON TO WHOM DIRECTOR REPORTS			
TITLE			
TYPE OF PROGRAM Certificate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master's <input type="checkbox"/> Other Specify <input type="checkbox"/>			
LENGTH OF PROGRAM [TITLE 16, Section 1462 (b) 1] From		To	
Full-Time		Part-Time	
Total Semester Units		Quarter Units	
Theory Units		Hours	
<i>If the program format is other than quarter or semester, explain. Include the number of units and hours in theory and clinical.</i>			
VOLUNTARY ACCREDITATION Is the nurse-midwifery program accredited by any state and/or national nursing agency/organizations. Yes <input type="checkbox"/> No <input type="checkbox"/> By			
DATE OF FIRST GRADUATION Number of graduates to date:			
NUMBER OF STUDENTS CURRENTLY ENROLLED First Semester/Quarter		TOTAL Second Semester/Quarter	
Other (Specify):		Preceptorship	